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Blue Cross and Blue Shield Association

BlueChoice® Individual Coverage Information Booklet

www.BlueChoiceSC.com

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BlueChoice Individual Coverage Information

If you are considering BlueChoice Individual Coverage, this information booklet will help you better understand our product. To gain the best understanding, it is important that you understand how BlueChoice HealthPlan works.

BlueChoice HealthPlan of South Carolina, Inc.

BlueChoice HealthPlan is a health maintenance organization (HMO) that emphasizes preventive medicine, early disease detection and prompt treatment. HMOs are based on the personal relationship between the patient and the doctor. When properly developed, this special relationship helps keep you and your loved ones healthy.

BlueChoice Individual Coverage

Just like BlueChoice HealthPlan, BlueChoice Individual Coverage helps you find one doctor to manage your health care needs. You choose a primary care physician from our list of area physicians. That physician is your health manager, and he or she works to keep you healthy. You must use your primary care physician for treatment or the medical bills won't be covered.

Your primary care physician has access to the skills and support of specialists and other health personnel. When you need a specialist, the primary care physician coordinates your treatment with a qualified specialist. All are members of our BlueChoice HealthPlan provider network.

Guidelines for BlueChoice Individual Coverage

BlueChoice Individual Coverage is available to individuals ages six weeks through 29 years who are permanent residents of South Carolina.

In order to get the most out of your coverage, members should:

- select a primary care physician from the BlueChoice HealthPlan Physician Directory.
- receive all of their care (except in an emergency) from their primary care physician. Or, you can go to a specialist authorized in advance by your primary care physician and BlueChoice HealthPlan.
- keep us informed of any address changes.
- keep appointments at the doctor's office. If you have to cancel, please notify your primary care physician at least 24 hours in advance.
- inform your primary care physician or BlueChoice HealthPlan of any emergency care as soon as possible after care has been received.
- learn how to recognize a medical emergency, how to avoid one and what to do if one occurs.
- take your BlueChoice HealthPlan ID card to the office whenever you need to receive care from a BlueChoice HealthPlan primary care physician. Let them know you are a member of BlueChoice HealthPlan.
- tell us about problems or suggestions you may have.

Prescription Drug Coverage

As a member of BlueChoice HealthPlan, you are eligible for our prescription drug benefit. With this benefit, you may purchase medicine prescribed by your primary care physician or a referral specialist at a participating pharmacy. Just show the pharmacist the ID card each time you purchase a prescription drug. The card identifies you as a member of BlueChoice HealthPlan.

Typically, over-the-counter (OTC) drugs, like aspirin and cold and flu medicines, are not covered under the prescription benefit. However, in an effort to make certain drugs more affordable for members, BlueChoice HealthPlan covers some OTC drugs with a prescription from your doctor written specifically for the OTC product. You will pay our generic (lowest) copayment for these products, which is lower than the over-the-counter price. Some examples of OTC products you can get under your pharmacy benefit are Prilosec OTC, Claritin, Alavert, Zyrtec, and OTC Nicotine patches. Please refer to our Preferred Drug List for more details about this coverage.

There's a list of participating pharmacies and an up-to-date Preferred Drug List on our Web site, www.BlueChoiceSC.com. You can also contact Member Services at 1-800-868-2528 to request a copy of the lists.

Advantages of BlueChoice HealthPlan

As a BlueChoice HealthPlan member, you have many advantages. Not only are you entitled to benefits and access to a primary care physician, you also have other membership privileges.

Covered Doctor's Office Visits	Our members are covered in full for routine office visits at their primary care physician's office after a small copayment.
No Claims to File	You can forget about filing claims. Your primary care physician takes care of the paperwork.
Prescription Drug Coverage	You get prescription drugs filled for a small copayment when you go to a contracting pharmacy.
Greater Financial Security	A wholly-owned subsidiary of BlueCross BlueShield of South Carolina, BlueChoice HealthPlan enjoys the security and resources of the state's largest health insurer.
Emergency Coverage Anywhere	You are covered for medical emergencies while traveling. We are a member of the BlueCard® Program, a network of Blue Cross and Blue Shield plans that can coordinate benefits for medical care while you're outside our state.
BlueChoice HealthPlan HealthWord	This is the member newsletter you'll receive throughout the year. It includes tips to help you stay healthy as well as information on how to use your BlueChoice HealthPlan benefits.
Quality Assurance Committee	This committee is comprised of BlueChoice HealthPlan personnel, primary care physicians and specialists. It reviews quality assurance study results and offers suggestions for our policies and procedures.
Member Services	These staff members answer questions and solve any problems you have with our coverage or policies. You can reach member advocates in our Columbia office at 786-8476. Or you can call our toll-free number at 1-800-868-2528.
QuickBill SM	View and pay your BlueChoice Individual Coverage invoice online. Visit BlueChoiceSC.com to get started!

Benefit Descriptions

Benefit	Plan 1	Plan 2	Plan 3	Plan 4
Primary Care Physician Services	\$10 copayment per visit	\$15 copayment per visit	\$15 copayment per visit	\$25 copayment per visit
Well-Child Visits and Immunizations	\$10 copayment per visit	\$15 copayment per visit	\$15 copayment per visit	\$25 copayment per visit
Specialist Visit	80% – Subject to deductible	80% – Subject to deductible	80% – Subject to deductible	70% – Subject to deductible
Deductible	\$250 per Member per Benefit Period	\$500 per Member per Benefit Period	\$750 per Member per Benefit Period	\$1,500 per Member per Benefit Period
Coinsurance Maximum	\$1,500 per Member per Benefit Period	\$2,000 per Member per Benefit Period	\$2,500 per Member per Benefit Period	\$5,000 per Member per Benefit Period
Inpatient Hospital Services	80% – Subject to deductible	80% – Subject to deductible	80% – Subject to deductible	70% – Subject to deductible
Outpatient Hospital Services	80% – Subject to deductible	80% – Subject to deductible	80% – Subject to deductible	70% – Subject to deductible
Urgent Care	\$35 per visit, then 100% coverage	\$35 per visit, then 100% coverage	\$35 per visit, then 100% coverage	\$50 per visit, then 100% coverage
Mental Health (office services only)	100% after \$25 copayment per visit; up to 20 visits per Benefit Period	100% after \$25 copayment per visit; up to 20 visits per Benefit Period	100% after \$25 copayment per visit; up to 20 visits per Benefit Period	100% after \$25 copayment per visit; up to 20 visits per Benefit Period
Prescription Drugs	\$7/\$15/\$30 copayment, then 100%	\$7/\$30/\$50 copayment, then 100%	\$7/\$30/\$50 copayment, then 100%	\$8/\$30/\$60 copayment, then 100%
Specialty Pharmaceuticals	100% after \$100 copayment	100% after \$100 copayment	100% after \$100 copayment	100% after \$100 copayment
Maximum for Prescription Drugs	\$1,000 per Benefit Period	No Maximum per Benefit Period	\$3,000 per Benefit Period	\$2,000 per Benefit Period
Vision Care	Free annual eye exam	Free annual eye exam	Free annual eye exam	Free annual eye exam
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per Benefit Period	Up to \$20 for one exam and \$30 for one cleaning per Benefit Period	Up to \$20 for one exam and \$30 for one cleaning per Benefit Period	Up to \$20 for one exam and \$30 for one cleaning per Benefit Period
Durable Medical Equipment	80% – Subject to deductible \$5,000 Max per Benefit Period	80% – Subject to deductible \$5,000 Max per Benefit Period	80% – Subject to deductible \$5,000 Max per Benefit Period	70% – Subject to deductible \$5,000 Max per Benefit Period
Physical Therapy, Speech Therapy, and Occupational Therapy	80% – Subject to deductible \$5,000 Max per Benefit Period	80% – Subject to deductible \$5,000 Max per Benefit Period	80% – Subject to deductible \$5,000 Max per Benefit Period	70% – Subject to deductible \$5,000 Max per Benefit Period
Lifetime Benefit Maximum	\$2 Million per Member	\$2 Million per Member	\$2 Million per Member	\$2 Million per Member

**Mail-order pharmacy is also available. Prescriptions are each subject to two copayments for up to a 90-day supply. Not all medications are available from the mail-order pharmacy.*

**The Benefit Period is 12 consecutive months from the effective date of coverage.*

**This is only a brief summary of benefits.*

Benefit	Plan 5	Plan 6	Plan7
Primary Care Physician Services	\$35 copayment per visit	100% - Subject to deductible	100% - Subject to deductible
Well-Child Visits and Immunizations	\$35 copayment per visit	\$35 copayment per visit	\$35 copayment per visit
Specialist Visit	70% – Subject to deductible	100% – Subject to deductible	100% – Subject to deductible
Deductible	\$2,500 per Member per Benefit Period	\$3,000 per Member per Benefit Period	\$5,000 per Member per Benefit Period
Coinsurance Maximum	\$5,000 per Member per Benefit Period	N/A	N/A
Inpatient Hospital Services	70% – Subject to deductible	100% – Subject to deductible	100% – Subject to deductible
Outpatient Hospital Services	70% – Subject to deductible	100% – Subject to deductible	100% – Subject to deductible
Urgent Care	\$50 per visit, then 100% coverage	100% – Subject to deductible	100% – Subject to deductible
Mental Health (office services only)	100% after \$25 copayment per visit; up to 20 visits per Benefit Period	100% – Subject to deductible	100% – Subject to deductible
Prescription Drugs	\$8/\$30/\$60 copayment, then 100%	100% – Subject to deductible	100% – Subject to deductible
Specialty Pharmaceuticals	100% after \$100 copayment	100% – Subject to deductible	100% – Subject to deductible
Maximum for Prescription Drugs	\$2,000 per Benefit Period	No Maximum per Benefit Period	No Maximum per Benefit Period
Vision Care	Free annual eye exam	Free annual eye exam	Free annual eye exam
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per Benefit Period	Up to \$20 for one exam and \$30 for one cleaning per Benefit Period	Up to \$20 for one exam and \$30 for one cleaning per Benefit Period
Durable Medical Equipment	70% – Subject to deductible \$5,000 Max per Benefit Period	100% – Subject to deductible \$5,000 Max per Benefit Period	100% – Subject to deductible \$5,000 Max per Benefit Period
Physical Therapy, Speech Therapy, and Occupational Therapy	70% – Subject to deductible \$5,000 Max per Benefit Period	100% – Subject to deductible \$5,000 Max per Benefit Period	100% – Subject to deductible \$5,000 Max per Benefit Period
Lifetime Benefit Maximum	\$2 Million per Member	\$2 Million per Member	\$2 Million per Member

**Mail-order pharmacy is also available. Prescriptions are each subject to two copayments for up to a 90-day supply. Not all medications are available from the mail-order pharmacy.*

**The Benefit Period is 12 consecutive months from the effective date of coverage.*

**This is only a brief summary of benefits.*

Services and Supplies Not Covered

Charges for some services and supplies you may get will not be covered under this plan. Some examples of services, supplies or treatments that will not be paid are:

- pre-existing conditions or diseases except as provided in the Pre-existing Condition Exclusion,
- mental or emotional disorders, alcoholism and drug addiction except as provided under Mental Health Services. Treatment of Attention Deficit-Hyperactivity Disorder (ADHD) is not covered,
- normal pregnancy and childbirth except for complications of pregnancy,
- illness, accident, treatment or medical condition arising out of war or acts of war (whether declared or undeclared), participation in a felony, riot or insurrection, service in the armed forces or units auxiliary thereto,
- cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect;
- foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet. This exclusion does not include corrective surgery or treatment for metabolic or peripheral vascular disease;
- care in connection with the detection and correction by manual or mechanical means of structure imbalance distortion, or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment of subluxation of, or in the vertebral column;
- treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicaid), any state or federal workman's compensation, employers liability or occupational disease law, any motor vehicle no-fault law; services rendered by employees of hospitals, laboratories or other institutions; services performed by a member of the covered person's immediate family; and services for which no charge is normally made in the absence of insurance
- dental care or treatment except as provided under Dental Care in the Schedule of Benefits and Covered Services;
- eyeglasses, hearing aids and examination for the prescription or fitting thereof; except as provided under Vision Care in the Schedule of Benefits and Covered Services;
- rest cures, custodial care, and transportation; and
- any non-emergency out-of-area care when care is available within the local service area, this is known as a territorial limitation.

Waiting Periods

After the effective date of a person's coverage under the contract, there are some waiting periods before coverage will begin:

- Six months for adenoids
- Six months for appendix
- Six months for disorders of reproductive systems
- Six months for hemorrhoids
- Six months for hernia
- Six months for tonsils
- Six months for varicose veins

These waiting periods do not apply in case of an emergency if there is no previous medical history of the condition prior to the effective date of your coverage.

PRE-EXISTING CONDITION EXCLUSION

Pre-existing conditions are those conditions for which medical advice or treatment was received or recommended no more than 12 months prior to the effective date of your coverage. Services or supplies for pre-existing conditions are not covered until the earlier of:

- a period of 12 months without medical care, treatment, or supplies related to the pre-existing condition ending after the effective date of coverage; or
- 12 months after the effective date of coverage.

Answers to Your Questions About BlueChoice Individual Coverage

Q. *Why do I have to choose a primary care physician?*

A. Your primary care physician sees you regularly and becomes most familiar with your medical needs.

Q. *How do I select my primary care physician?*

A. You select your personal physician from a list of local participating physicians. The physician you select becomes your personal, primary care physician and health manager. Your present doctor may already be a participating primary care physician.

Q. *May I change my primary care physician?*

A. Yes, you may change physicians. This can be done quickly and easily on our Web site:

www.BlueChoiceSC.com.

Q. *Where will I receive medical care?*

A. We provide coverage in any setting your primary care physician deems necessary. This can be a doctor's office, an independent clinical laboratory, a hospital, an ambulatory surgery center, etc.

Q. *What happens if I have a problem with my primary care physician or specialist?*

A. If you can't work out a solution directly with your primary care physician, you may call our member advocates. They'll help resolve your concerns.

Q. *What if I need a specialist?*

A. For medical bills to be covered, your primary care physician and BlueChoice HealthPlan must authorize any visits to a specialist in advance.

Q. *Why do I need an authorization to see a specialist?*

A. Because the primary care physician is most familiar with your health, he or she should coordinate all your health care. Most of the time, your primary care physician will be able to take care of the health problem. When necessary, the doctor will refer you to a specialist.

Specialists have additional expertise in certain medical areas, so they are most qualified to handle your special health care needs. Your primary care physician and the specialist will work as a team to make sure you receive the appropriate treatment.

If a health problem recurs, be sure to check with your primary care physician to see if you need to see a specialist. This referral method guarantees you will receive care without any unnecessary expense.

Q. *What should I do in an emergency?*

A. Unless it is a life-threatening emergency, you should call your primary care physician. Let the doctor know the exact nature of the problem and that you are a BlueChoice HealthPlan member. The doctor may give you first aid advice, tell you to come to the office or direct you to the hospital.

Q. *What happens if I have an accident or emergency illness outside the BlueChoice HealthPlan service area and need immediate treatment?*

A. Go to the nearest physician's office or hospital emergency room for treatment. If you are admitted to a hospital, contact BlueChoice HealthPlan through the toll-free number on your ID card. We'll coordinate any additional care you may need.

Q. *What happens if I need immediate care and, for some reason, the doctor is unavailable?*

A. Your primary care physician has a seven-day-a-week, 24-hour-a-day telephone service. If your primary care physician isn't available, another physician will be "on call" to advise you.

Q. *Am I restricted to certain hospitals?*

A. Yes. Your primary care physician reserves the right to select the hospital based on the type of medical services needed.

Q. *What if I want to change benefit plans?*

A. You can request a change to a plan with equal or lesser benefits anytime by submitting a written request to BlueChoice HealthPlan. Changing to a plan with greater benefits will require a new application and approval.

Additional Important Information

Questions? Complaints? Comments?

If you have questions or concerns about your BlueChoice HealthPlan benefits or services or if you want to comment on our coverage, please call our member advocates at 786-8476 in Columbia or 1-800-868-2528 outside of Columbia. Your contract also makes a formal grievance procedure available.

Don't Forget Us If Your Address Changes

If you move, please visit our Web site to update your address. Be sure to keep your primary care physician informed also!

Premiums

Your premiums are due monthly and must be paid in advance. If you have chosen to pay by automatic bank draft, this will be done for you.

Thank you for choosing BlueChoice Individual Coverage.

BlueChoice HealthPlan

P.O. Box 6170

Columbia, S.C. 29260-6170

786-8476 in Columbia

1-800-868-2528 outside of Columbia

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